

MDR Tracking Number: M5-04-0369-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 10-7-03.

The IRO reviewed work hardening program from 10-8-02 through 2-5-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 1-20-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

| DOS | CPT CODE | Billed | Paid | EOB Denial Code | MAR\$ (Max. Allowable Reimbursement) | Reference | Rationale |
|--|---|--|--------|-----------------|--|--|---|
| 10/17/02 10/18/02 10/28/02 10/30/02 10/31/02 11/01/02 | 97545WHAP 97546WHAP x 5 units | \$128.00 x 6 DOS \$320.00 x 6 DOS | \$0.00 | A | \$64.00 per hr for CARF accredited | Rule 134.600 (h); Rule 133.307 (g) (3) (A-F) Advisory 2001-11 | CARF accredited programs do not require preauthorization. Requestor is CARF accredited; therefore, recommend reimbursement of \$128.00 x 6 DOS = \$768.00 + \$320.00 x 6 DOS = \$1,920.00 = \$2,688.00 |
| 10/29/02 1/16/03 | 97545WHAP 97546WHAP x 4 units | \$128.00 x 2 DOS \$256.00 x 2 DOS | | | | | CARF accredited programs do not require preauthorization. Requestor is CARF accredited; therefore, recommend reimbursement of \$128.00 x 2 DOS = \$256.00 + \$256.00 x 2 DOS = \$512.00 = \$768.00 |

| DOS | CPT CODE | Billed | Paid | EOB Denial Code | MAR\$ (Max. Allowable Reimbursement) | Reference | Rationale |
|---|---|--|--------|-----------------|--------------------------------------|--------------------------|--|
| 1/9/03 1/10/03 1/13/03 1/14/03 1/15/03 1/17/03 | 97545WHAP 97546WHAP x 6 units | \$128.00 x 6 DOS \$384.00 x 6 DOS | | | | | CARF accredited programs do not require preauthorization. Requestor is CARF accredited; therefore, recommend reimbursement of $\$128.00 \times 6 \text{ DOS} = \$768.00 +$ $\$384.00 \times 6 \text{ DOS} = \$2,304.00 =$ $\$3,072.00.$ |
| 10/21/02 10/23/02 10/24/02 10/25/02 | 97545WHAP 97546WHAP x 5 units | \$128.00 x 4 DOS \$320.00 x 4 DOS | \$0.00 | R | \$64.00 per hr for CARF accredited | Rule 133.307(g)(3) (A-F) | Per TWCC records, a TWCC-21 was filed by the carrier for income benefits, not medical benefits. Therefore, this review will be per the 1996 <i>Medical Fee Guideline</i> . Relevant information supports delivery of service. Recommend reimbursement of $\$128.00 \times 4 \text{ DOS} = \$512.00 +$ $\$320.00 \times 4 \text{ DOS} = \$1,280.00 =$ $\$1,792.00$ |
| TOTAL | | \$8,300.00 | \$0.00 | | | | The requestor is entitled to reimbursement of \$8,300.00. |
| | | | | | | | |

This Decision is hereby issued this 14th day of April 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable for dates of service 10-17-02 through 1-17-03 in this dispute.

This Order is hereby issued this 14th day of April 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

January 16, 2004

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___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Pain Management.

Information Provided for Review:

Correspondence.
H&P and office notes.
Physical Therapy notes
Functional Capacity Evaluation
Operative report.
Radiological report.

Brief Clinical History:

This male claimant suffered a work-related injury on ___. He underwent an open reduction and internal fixation of the left radius and ulna. He subsequently had hardware removal on 11/06/02.

Disputed Services:

Work hardening program during the period of 10/08/02 through 02/05/03

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a work hardening program was not medically necessary in this case.

Rationale:

Following this patient's surgery, 4-6 six weeks of physical therapy would have been quite sufficient to get his arm back in shape to return to his employment. An eight- hour-a-day work hardening program was not necessary, and is usually reserved for patient's with back surgery and more severe injuries, rather than someone who had surgery to repair a fractured forearm. A patient requiring a Work Hardening program is usually one who has been off work for quite some time and needs the help of exercise machines and other equipment to rebuild strength. A simple physical therapy program, mixed with an at-home exercise program over the course of 4-6 weeks would have been more than enough to rehabilitate this patient.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,